

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

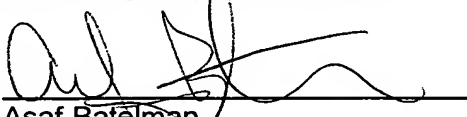
| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|-----------------|----------------|
| | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate | Additional Fee |
| Total Claims | 51 | 52 | 0 | x \$ 50 (1202) | \$ 0 |
| Independent Claims | 6 | 6 | 0 | x \$ 200 (1201) | 0 |
| <input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203) | | | | | \$ 0 |
| Total Claim Amendment Fee | | | | | \$ 0 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee | | | | | 0 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | \$ 0 |

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date January 29, 2007

By: 
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Patent
Attorney's Docket No. 1021238-000532

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|-----------------------------|---|-----------------------------|
| In re Patent Application of |) | MAIL STOP AMENDMENT |
| Qinglin Li et al. |) | |
| Application No.: 10/767,268 |) | Group Art Unit: 3643 |
| Filed: January 30, 2004 |) | Examiner: JEFFREY L GELLNER |
| For: SPRAY AND/OR SOIL |) | Confirmation No.: 4833 |
| TREATMENT OF TOBACCO TO |) | |
| REDUCE TSNAS |) | |

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated October 27, 2007, please amend the
above-identified patent application as follows: